

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027991

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267

Primary Registration District No. 2048

Registrar's No. 193

FILED AUG 13 1962

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Union</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Creston</u>	
Length of stay in 1b <u>5 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u></u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Clyde Everett Taylor</u>			4. DATE OF DEATH Month Day Year <u>August 1 1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-28-1880</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mercantile business & State Auditor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John P Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Bentley</u>		14. NAME OF HUSBAND OR WIFE <u>Estella Taylor</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT Address <u>Mrs Clyde Taylor Creston Iowa</u>	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>1st Coronary occlusion</u>		<u>18 days</u>
DUE TO (c) <u>Coronary occlusion</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>2nd Coronary occlusion</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2nd Coronary occlusion</u>	
20c. TIME OF INJURY Hour <u>11:30</u> a.m. p.m. Month <u>8</u> Day <u>1</u> Year <u>1962</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Washington</u>		20f. CITY, TOWN, OR LOCATION <u>Gravity Iowa</u>	
20g. COUNTY <u>Washington</u>		20h. STATE <u>Iowa</u>	
21. I attended the deceased from <u>7-1-62</u> to <u>8-1-62</u> and last saw her/him alive on <u>8-1-62</u> Death occurred at <u>11:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Boyd G. Nowinger</u> (Degree or title)		22b. ADDRESS <u>Bedford Iowa</u>	
22c. DATE SIGNED <u>8-6-62</u>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal Burial 8-3-1962</u>	23b. DATE <u>Washington</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gravity Iowa</u>	23d. LOCATION (City, town, or county) (State) <u>Gravity Iowa</u>
24. FUNERAL DIRECTOR <u>Boyd G. Nowinger</u>		25. DATE RECD. BY LOCAL REG. <u>8-6-62</u>	
26. REGISTRAR'S SIGNATURE <u>Boyd G. Nowinger</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER, RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

AUG 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Boyd G. Nowinger, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Boyd G. Nowinger

Licensed Embalmer No. 5136 MISSOURI

P. O. Address BEDFORD, IOWA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.